

TITLE OF REPORT: National Tobacco Control Plan

Purpose of the Report

1. To update the Health and Wellbeing Board on the new national Tobacco Control Plan and implications for local action on smoking and tobacco control.

Background

2. The five year strategy set out in the Coalition Government's Tobacco Control Plan for England came to an end in 2015. A new national Tobacco Control Plan was published in July 2017.

Key aspects of the national Tobacco Control Plan

3. The government has set out national ambitions which it is hoped will help focus tobacco control across "the whole system". The rationale for prioritising tobacco in relation to addressing health inequalities is made clear. These ambitions centre on a vision to create a smokefree generation- the reference to this is hugely welcome and a symbolic step forward for England. This will have been achieved when smoking prevalence is at 5% or below.
4. To deliver this, the government sets out the following national ambitions to help to focus tobacco control across the whole system:
 - the first smokefree generation
 - a smokefree pregnancy for all
 - parity of esteem for those with mental health conditions
 - backing evidence based innovations to support quitting.

These four areas are already well established priorities for Gateshead.

5. These ambitions are supported by a range of proposed actions clustered around the four themes of prevention first, supporting smokers to quit, eliminating variations in smoking rates, and effective enforcement:

Prevention First

Children who smoke regularly are more likely to have a family member who smokes, and usually buy their cigarettes in shops despite age of sale laws. Reducing the numbers of children who smoke will be supported by:

- Reducing the numbers of adults who smoke by improving training available to all health professionals on smoking cessation

- Ensuring that the sanctions applied to tobacco retailers who sell tobacco to children are fit for purpose
- Full implementation of NICE guidance on smoking by CCGs, Trusts and councils, with a particular focus on smoking in pregnancy

Supporting smokers to quit

Helping smokers to quit remains one of the most cost-effective public health interventions, and remains the best way to improve an individual's chances of stopping smoking. However, demand for stop smoking services has fallen in recent years, and it is likely that this reduction in demand at least in part arises from the increase in the use of e-cigs and vaping.

While demand for stop smoking services has fallen, the incidence of smoking in some groups, such as those with mental ill health, remains stubbornly high.

Local tobacco control strategies should reflect these variations in demand, and particularly:

- Ensure that stop smoking support for people with mental health conditions is targeted through effective interventions, especially in primary and community care settings
- Make best use of the emerging evidence of novel nicotine delivery systems, including vaping, to support harm reduction and quitting tobacco entirely
- The NHS to lead by example in creating working environments that encourage smokers to quit.

Eliminating variation in smoking rates

The Plan details actions to mobilise the whole health and care system to help smokers to quit based on the best available evidence and intelligence. These include:

- All health professionals engaging with smokers to promote quitting, supported by the implementation of existing NICE guidance and the inclusion of tobacco in the 2017-19 Commissioning for Quality and Innovation (CQUIN) framework
- Local councils coming together to agree "local ambitions" for collective action
- Local councils focussing action on groups and areas with the highest smoking prevalence and taking action to reduce inequalities caused by smoking
- National mass-media and marketing campaigns, and cross-regional approaches to stop smoking campaigns
- PHE to explore further opportunities for smokefree public places

Effective enforcement

Continuing the enforcement of the existing raft of legislation regarding high duty rates, controlling the supply of and demand for illicit tobacco, and the sale of tobacco to children is confirmed as an ongoing priority.

The Plan also commits to limiting direct contact between the government and the tobacco industry and the publication of details of most, but not all, meetings between

the two. Subsequent to the UK's departure from the European Union, the government will review and possibly amend EU legislation, such as the Tobacco Products directive, where it believes that such amendments may improve health outcomes.

Gaps in the Plan

6. While the Plan encourages local authorities to identify 'local solutions', no account is taken of the funding challenges facing public health and other public services.
7. Similarly, challenges arising from the resource implications for the NHS to take decisive action on prevention through 'investment to save' activity are not addressed.
8. The budget for national mass media campaigns has also been substantially reduced, despite evidence of effectiveness.
9. The Plan does not detail proposals for a licensing scheme for the sale of tobacco (a major gap within the regulatory arsenal particularly hampering efforts around illicit tobacco), nor the role of advocacy in denormalising tobacco use and the tobacco industry.

How does the new Plan fit with Gateshead's approach?

10. The ambitions and actions in the Plan are broadly welcomed, and reflect existing practice in Gateshead. Gateshead has contributed towards examples of best practice for many of these actions, including:
 - reducing maternal smoking through a systematic approach to implementing NICE guidance
 - leadership from Northumberland Tyne and Wear NHS Foundation Trust around its smokefree policy implementation
 - work around demand and supply reduction of illicit tobacco
 - the evolving discussions through the Sustainability and Transformation Plans and the new Regional Taskforce on Smokefree NHS/Treating Tobacco Dependency
11. The Plan's aspiration that "...regions and individual local councils are encouraged to...agree local ambitions around which collective action can be organised" fits with the North East 'locally together' model in place since 2005.
12. Other key areas already incorporated in local work include recognising the role of e-cigs/vaping in helping smokers to quit smoking or reducing their dependence upon tobacco. The Stop Smoking Service in Gateshead is "e-cig friendly", meaning that it will support people who choose to use e-cigs/vaping during a quit attempt.
13. The Plan helpfully emphasises the importance of the NHS' role in identifying and treating nicotine dependence as a routine part of patient care. This is well established in maternity services in Gateshead and for inpatients being treated by NTW, with further planning underway to support all secondary care services to fully implement the CQUIN on "Preventing Ill Health from Alcohol and Tobacco" from March 2018.

14. Local comprehensive, joined up action, as recommended by the new national Plan, ensures the delivery of the Gateshead Tobacco Control Action Plan, which also supports the recommendations set out in the Director of Public Health's annual report for 2015/16.

15. Funding is secured to ensure that action to disrupt the illegal supply of tobacco, and to enforce regulations is maintained.

Funding is also secured to maintain and develop the local Stop Smoking Service, building on both the evidence base and improved local intelligence to respond to changing patterns of demand in recent years. A key focus is on building capacity across the wider public health workforce to engage more smokers from less advantaged groups and areas, which will be significantly supported through the Making Every Contact Count approach.

16. Gateshead also continues to support Fresh, the regional tobacco control programme. Fresh is an exemplar of the approach set out in the Plan for local areas to agree ambitions and co-ordinate actions across a wider area. Fresh provides direct support to a number of key areas set out in the Plan, including:

- Improving public awareness through locally funded stop smoking campaigns such as "Don't be the 1", "16 cancers", and "Secondhand smoke is poison".
- Advice to localities around evidence based commissioning and longer term planning around a system wide cessation offer
- Encouraging all localities to participate in the Public Health England CLear assessment to review local progress and assist with planning.

17. Further, the Fresh eight key strands of tobacco control delivery have provided a clear framework for Gateshead in recent years. These strands are designed to help shift the social norms of tobacco use so that tobacco (the product and the industry itself) becomes less desirable, accessible and affordable. Working together, the strands assist in motivating and encouraging smokers to stop and to stay stopped/reduce harm, to reduce the uptake of smoking primarily in children and young people, and to provide protection from second-hand smoke and other tobacco related harm.

They follow an international evidence base used by WHO and the World Bank and will still help to guide the direction of travel over the course of the Fresh delivery plan. The eight strands are:

- 1) Develop infrastructure, skills and capacity and influencing decision making
- 2) Reduce exposure to second hand smoke
- 3) Motivating and helping smokers to stop and stay stopped and to reduce harm
- 4) Media, communications and education
- 5) Reduce availability and supply
- 6) Tobacco and nicotine regulation
- 7) Reduce tobacco promotion
- 8) Research, monitoring and evaluation

All of the key components within the new National Tobacco Plan fit within this eight key strand approach but arguably the latter provides a more comprehensive framework for tobacco control delivery.

How does the Plan fit in with the North East's 5% by 2025 vision?

18. Back in 2014, the Making Smoking History in the North East Partnership agreed a shared regional ambition to reduce smoking in adults to 5% by 2025. Over the period of the next twelve months, all twelve Health and Wellbeing Boards across the region also committed to this regional ambition.

This attracted significant media interest at the time and this was the first region nationally to even consider such a bold ambition. Since then others, notably Yorkshire and the Humber, have also set similar ambitions through initiatives such as Breathe2025 <http://breathe2025.org.uk/>

19. Earlier this year some modelling work was undertaken to ascertain if this North East ambition was feasible. This found that smoking prevalence has declined in the North East slightly faster than the national average and this appears to be because of higher quit success rates. Increasing the quit attempt rate to 45% per year, maintaining a quit success rate at 20%, and reducing uptake to 0.3% per year could put the North East on a path to 5% adult smoking prevalence within 10 years.

Professor Robert West of University College London concluded these are all realistic targets but will require the implementation of a package of policies and a sustained commitment to investment. A short presentation about this modelling work is available here- <https://www.youtube.com/watch?v=xsvwtCugDkw>

20. Fresh plans to look intensely at the range of policies that are included within the 5% modelling and examine opportunities for the region to do even more around them. The policies include:

- increasing the real cost of tobacco and improved interdiction on illicit tobacco
- running regional mass media campaigns
- implementing very brief advice (VBA) in primary care with increased access to NICE stop smoking medications
- introducing a more tiered smoking cessation model within the community with increased secondary care provision, and
- reducing overall access to tobacco

Conclusions

21. The Plan is welcome but in itself is likely to be insufficient to help us achieve our collective vision. There are huge opportunities to improve the whole system wide delivery in Gateshead around the evidence base, for instance through comprehensive NHS implementation of NICE guidance. Gateshead still requires work at all tiers from the international down to the community grass roots level.

It is encouraging that on much of the proposed focus Gateshead and the North East is arguably already making progress, but the absence of any big ticket new national policies makes ongoing advocacy for policies like licensing and a levy on the tobacco industry.

Recommendations

22. The Health and Wellbeing Board is asked to endorse the local approach as set out in the context of the national Plan, and to support the refreshed Gateshead Smokefree Tobacco Control Alliance's ambitions to reduce smoking prevalence to 5% by 2025.

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